

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037114

Registration District No.

274

Primary Registration District No.

3052

Registrar's No.

226

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

VS-300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Sedalia		c. CITY OR TOWN Sedalia	
Length of stay in 1b 10 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital		d. STREET ADDRESS (If outside, give location) 1611 South Lamine	
3. NAME OF DECEASED (Type or print) CURTIS LEROY MOORE		4. DATE OF DEATH Month Sept. Day 17, Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/29/94
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Carpenter-Mechanic Retired		10b. KIND OF BUSINESS OR INDUSTRY Building	
11. BIRTHPLACE (City and state or country) Linn County, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Guy H. Moore		13b. MOTHER'S MAIDEN NAME Ida Mae Clapp	
14. NAME OF HUSBAND OR WIFE Nellie Huskey Moore		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. *****		17. INFORMANT Mrs. Nellie Moore, 1611 South Lamine Sedalia, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO (b) Arteriosclerotic Hardening DUE TO (c) Myocardial Inficiency			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Myocardial Inficiency			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)	
20c. TIME OF INJURY Hour 5:25 a.m. Month Sept Day 17 Year 1963			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION. COUNTY STATE	
21. I attended the deceased from 20 Apr 55 to 17 Sept 63 and last saw him alive on 16 Sept 63 . Death occurred at 5:25 A.M. Sept 17, 1963 on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Carl Siegel M.D.		22b. ADDRESS 1216 West 18th St Sedalia, Mo.	
22c. DATE SIGNED Sept 19, 1963		22d. DATE SIGNED Sept 19, 1963	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/19/63	23c. NAME OF CEMETERY OR CREMATORY Cole Camp Cemetery	23d. LOCATION (City, town, or county) (State) Cole Camp, Missouri
24. GENERAL DIRECTOR Wm. E. Goring		25. DATE RECD. BY LOCAL REG. Sept 19, 1963	
26. REGISTRAR'S SIGNATURE Frances J. Shelby		26. REGISTRAR'S SIGNATURE Frances J. Shelby	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

OCT 8 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.